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T 571-272-4893 • F 571-273-8300

**SENDER** Robert Graham  
T 416 360.3524 • F 416 360.8425

**DATE** May 19, 2006

**OUR REFERENCE** 039209-0002US

**SUBJECT** U.S. Patent Application No. 10/742,892

Response to Official Action (mailed January 20, 2006 as Paper Number/Mail Date 20060117).

**Total Number of Pages: 15 (including this sheet)**

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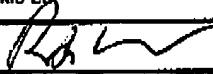
(To be used for all correspondence after initial filing)

		Application Number	10/742,892
		Filing Date	12/23/2003
		First Named Inventor	LAYFIELD, Jack
		Art Unit	3751
		Examiner Name	PHILLIPS, Charles E.
Total Number of Pages in This Submission		Attorney Docket Number	039209-0002US

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Heenan Blaikie LLP		
Signature			
Printed name	Robert Graham		
Date	05/19/2006	Reg. No.	43,430

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL  
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

160

## Complete If Known

Application Number	10/742,892
Filing Date	12/23/2003
First Named Inventor	LAYFIELD, Jack
Examiner Name	PHILLIPS, Charles E.
Art Unit	3751
Attorney Docket No.	039208-0002US

## METHOD OF PAYMENT (check all that apply)

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## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

## Fee (\$)

## Fee (\$)

## 50 25

Each independent claim over 3 (including Reissues)

## Fee (\$)

## Fee (\$)

## 200 100

Multiple dependent claims

## Fee (\$)

## Fee (\$)

## 360 180

Total Claims Extra Claims Fee (\$)

## Fee Paid (\$)

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

## Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

## Fee (\$)

## Fee Paid (\$)

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

## Fee Paid (\$)

Other (e.g., late filing surcharge): One Month Extension Fee

## 60

## SUBMITTED BY

Signature

Registration No. 43,430  
(Attorney/Agent)

Telephone (416) 360-3524

Name (Print/Type)

Robert Graham

Date 05/19/2006

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